

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/02/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2006
---	--	---	--

NAME OF PROVIDER OR SUPPLIER

WASHINGTON CTR FOR AGING SVCS

STREET ADDRESS, CITY, STATE, ZIP CODE

**2601 18TH STREET NE
WASHINGTON, DC 20018**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code inspection was conducted on September 21, 2006. The following deficiencies were based on observations made during the inspection.	K 000		
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that penetrations were observed in wall surfaces above ceiling tiles in the hallways. The findings include: Basement- a 2 to 3 inch opening was observed in wall surfaces near the maintenance entrance	K 017	K 017 Life Safety 1. Penetrations in wall surfaces above ceiling tiles in the basement and near maintenance entrance, above tiles over the sink in 1 Orange solarium, above tiles on unit 2 Blue near stairwell and around a junction box near room 216 on unit 2 Blue were repaired. 2. The entire wall above ceiling in the hallways throughout the facility was checked for penetrations and corrections were made if indicated. 3. Monthly inspection of the smoke barrier walls is conducted by maintenance personnel. 4. The Director of Engineering has reviewed the preventive maintenance program to ensure that monthly inspections of all fire doors are conducted. This is compiled in a monthly report and presented to the QI committee.	10/6/06

LABORATORY DIRECTOR'S, OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

William D. Page

Administrator

10/10/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/02/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

095014

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

09/22/2006

NAME OF PROVIDER OR SUPPLIER

WASHINGTON CTR FOR AGING SVCS

STREET ADDRESS, CITY, STATE, ZIP CODE

2601 18TH STREET NE

WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 017	<p>Continued From page 1</p> <p>door in one (1) of two (2) observations at 2:45 PM on September 22, 2006.</p> <p>Wall surfaces above tiles over the sink in the 1 Orange solarium were observed to have a 1 to 2 inch opening around pipes in one (1) of three (3) observations at 4:15 PM on September 22, 2006.</p> <p>Wall surfaces above tiles on unit 2 Blue near stairwell # 2 were observed to have openings approximately 4 to 6 inches in one (1) of four (4) observations at approximately 4:40 PM on September 22, 2006.</p> <p>Wall surfaces were observed to have penetrations approximately 1 to 2 inches around a junction box pipe that extend through the wall near room 216 on unit 2 Blue in one (1) of two (2) observations at approximately 4:45 PM on September 22, 2006.</p>	K 017		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/02/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2006
---	--	---	--

NAME OF PROVIDER OR SUPPLIER

WASHINGTON CTR FOR AGING SVCS

STREET ADDRESS, CITY, STATE, ZIP CODE

2601 18TH STREET NE

WASHINGTON, DC 20018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life Safety Code inspection, it was determined that fire and smoke barrier doors failed to close and latch when tested.</p> <p>The findings include:</p> <p>The entrance door to room 103 on the 1 Blue unit failed to close and latch into the frame in one (1) of one (1) observation at approximately 3:30 PM on September 22, 2006.</p> <p>The entrance doors to unit 1 Green solarium failed to close and latch into the frame in one (1)</p>	K 018	<p>K 018 Life Safety</p> <ol style="list-style-type: none"> The entrance doors to room 103, 1 green solarium, double door on 1 orange, spa and pantry doors on 2 Blue, spa door on 3 Blue, double doors #B368. One on 3 orange and the soiled utility room door on 3 Green have been corrected to ensure that they close and latch. No resident was affected by this practice. An inspection of all fire doors was conducted to ensure that they close and positive latching was maintained. Corrections were made if indicated. The Director of Engineering conducted a meeting/in-service with staff to review the importance of checking doors and being certain that the doors maintain positive latching. The Director of Engineering reviewed the preventive maintenance program to ensure that the operation and inspection of doors are conducted monthly. The findings are reported in the QI meetings. 	10/6/06

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/02/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

095014

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

09/22/2006

NAME OF PROVIDER OR SUPPLIER

WASHINGTON CTR FOR AGING SVCS

STREET ADDRESS, CITY, STATE, ZIP CODE

2601 18TH STREET NE

WASHINGTON, DC 20018

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-
REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5)
COMPLETION
DATE

K 018

Continued From page 3

of four (4) observations at approximately 4:30 PM
on September 22, 2006.

The double door on 1 Orange failed to close and
latch into the frame near the entrance to stairwell
10 in two (2) of two (2) observations at 4:50 PM
on September 22, 2006.

The spa and pantry doors on unit 2 Blue failed to
close and latch into the frame between 4:55 PM
and 5:00 PM on September 22, 2006 in two (2) of
two (2) observations.

The spa door on unit 3 Blue failed to close and
latch into the frame in one (1) of one (1)
observation at approximately 5:15 PM on
September 22, 2006.

Double doors # B368.1 on unit 3 Orange failed to
latch into the frame in one (1) of one (1)
observation at 5:25 PM on September 22, 2006.

The soiled utility and solarium doors on unit 3
Green failed to close and latch into the frames on
unit 3 Green at approximately 5:45 PM on
September 22, 2006.

K 018